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## U.S. Preventive Services Task Force

# Screening for Obesity in Adults

Release Date: December 2003

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### Summary of Recommendations

- **The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.**

Rating: [B Recommendation](#).

*Rationale:* The USPSTF found good evidence that body mass index (BMI), calculated as weight in kilograms divided by height in meters squared, is reliable and valid for identifying adults at increased risk for mortality and morbidity due to overweight and obesity. There is fair to good evidence that high-intensity counseling—about diet, exercise, or both—together with behavioral interventions aimed at skill development, motivation, and support strategies produces modest, sustained weight loss (typically 3-5 kg for 1 year or more) in adults who are obese (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>). Although the USPSTF did not find direct evidence that behavioral interventions lower mortality or morbidity from obesity, the USPSTF concluded that changes in intermediate outcomes, such as improved glucose metabolism, lipid levels, and blood pressure, from modest weight loss provide indirect evidence of health benefits. No evidence was found that addressed the harms of counseling and behavioral interventions. The USPSTF concluded that the benefits of screening and behavioral interventions outweigh potential harms.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against the use of moderate- or low-intensity counseling together with behavioral interventions to promote sustained weight loss in obese adults.**

Rating: [I Recommendation](#).

*Rationale:* The USPSTF found limited evidence to determine whether moderate- or low-intensity counseling with behavioral interventions produces sustained weight loss in obese (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>) adults. The relevant studies were of fair to good quality but showed mixed results. In addition, studies were limited by small sample sizes, high drop-out rates, potential for selection bias, and reporting the average weight change instead of the frequency of response to the intervention. As a result, the USPSTF could not determine the balance of benefits and potential harms of these types of interventions.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against the use of counseling of any intensity and behavioral interventions to promote sustained weight loss in overweight adults.**

**Rating: [I Recommendation](#).**

*Rationale:* The USPSTF found limited data that addressed the efficacy of counseling-based interventions in overweight adults (as defined by BMI from 25-29.9 kg/m<sup>2</sup>). As a result, the USPSTF could not determine the balance of benefits and potential harms of counseling to promote sustained weight loss in overweight adults.

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## Supporting Documents

Screening for Obesity in Adults, December 2003

▶ [Recommendations and Rationale](#)

▶ [Summary of the Evidence](#)

▶ Systematic Evidence Review ([File Download](#), 538 KB)

▶ [What's New from the USPSTF](#) ([PDF file, 200 KB](#))

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[Guide to Clinical Preventive Services, 2nd Edition](#)

[Screening for Obesity, 1996](#)

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